WINCHESTER PARKS AND RECREATION DEPARTMENT ATHLETIC TOURNAMENT PERMIT REQUEST

APPLICATION

REQUEST APPLICATION MUST BE FILLED OUT COMPLETELY INCLUDING THE HOLD HARMLESS AGREEMENT.

TOURNAMENT TITLE:

ORGANIZATION:			
CONTACT PERSON:			
ADDRESS:			
TELEPHONE NO			
WHICH FACILITIES:			
DATE(S) YOU ARE REQUESTING:			
(APPLICATION MUST BE SUBMITTED AT LEAST 60 DAYS PRIOR TO EVENT)			
HAS YOUR ORGANIZATION HELD THIS TOURNAMENT IN A WINCHESTER PARKS AND RECREATION DEPARTMENT FACILITY BEFORE?			
YES NO			
IF YES TO THE ABOVE, WHERE AND WHEN?			
IF YOUR REQUEST IS FOR JIM BARNETT PARK DOES YOUR EVENT REQUIRE A SHUT-DOWN ANY OF THE FOLLOWING?			
ATHLETIC FIELDS SHELTERS			
WAR MEMORIAL BUILDING ANY PARK ROADS			
ENTIRE PARK			

IS THIS EVENT A FUNDRAISER FOR YOUR ORGANIZATION? YES____ NO____ IS YOUR ORGANIZATION PLANNING ON MAKING A DONATION TO THE WINCHESTER PARKS AND RECREATION DEPARTMENT FOR THE USE OF THE ABOVE FACILITY OR **FACILITIES?** YES_____ NO____ IF YES, PLEASE DESCRIBE THE DONATION: WILL THERE BE FOOD CONCESSIONS? YES_____ NO____ WHO WILL BE GETTING THE HEALTH DEPARTMENT PERMIT? (IF REQUIRED) WILL THERE BE VENDORS SELLING OTHER ITEMS?(T-SHIRTS, TRINKETS, ETC.) YES_____ NO____ WILL YOU BE CHARGING AN ADMISSION FEE? YES_____ NO____ IS YOUR ORGANIZATION REQUESTING THAT THE WINCHESTER PARKS AND RECREATION DEPARTMENT BE AN OFFICIAL CO-SPONSOR OF THE TOURNAMENT?

YES_____ NO____

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I DE BENEFI	TS THE DEPARTMENT WOULD RECEIVE:
THE BELOV	W INFORMATION WILL FORM THE BASIS OF A
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WHAT ITEMS OR TASKS WILL YOUR ORGANIZATION BE PROVIDING OR PERFORMING FOR THE SPECIAL EVENT? (PLEASE LIST ALL)		
WINCHESTER PARKS A THE WINCHESTER PAR ADDITIONAL INFORMA	VILL BE REVIEWED BY THE AND RECREATION DEPARTMENT AND RKS AND RECREATION BOARD. ATION MAY BE REQUIRED FOR VENT PERMIT FOR SPECIAL EVENT.	
SIGNED:	DATE:	
TITLE:		